Healthy Neighborhoods Venture Fund

Your generosity makes a real difference in our community.

The City of San José now has an Automatic Billing Option for making charitable contributions to the City's Healthy Neighborhoods Venture Fund (HNVF). The HNVF provides funding for services to San José residents in three very important areas:

1. **Education/Health** funds health insurance for uninsured youth; homework centers at San José schools, libraries, and community centers; and educational programs for youth.

2. **Senior Services/Health** funds nutrition programs, senior adult day care, transportation, and social/recreation programs for seniors.

3. **Anti-Smoking/Tobacco-Free Community** funds educational programs regarding the dangers of tobacco use.

Completing the form below is an easy way to make ongoing donations to support the important work of the HNVF. This form enables the City to include your pre-determined donation amount as part of the charges that appear on your utility bill statement. Your designated donation will remain in effect until you choose to cancel this arrangement by calling the Customer Contact Center at **(408) 535-3500** or visiting the website at ***www.sanjoseca.gov/customerservice***

Instructions:

1. New donors, please complete Parts A and B of this form.

2. Current donors, please complete Parts B and C of this form to make changes.

3. All donors, please return the completed form to:

Customer Contact Center
CITY OF SAN JOSE
200 E. Santa Clara Street
4th Floor Tower
San José, CA 95113-1905

4. ***Note:*** Please allow 30 days to activate or cancel your designated contribution.

Part A

☐ I wish to donate $_____ to the HNVF in each billing cycle.

I wish to allocate the money to the program(s) below:
(Please select one or more of the options below.)
☐ Education/Health
☐ Senior Services/Health
☐ Anti-Smoking/Tobacco-Free Community

Part B (Please Print)

Name _____

Address _____

City/State/Zip _____

Account Number _____ E-mail _____

Signature _____ Date _____ Daytime Phone _____

Part C

☐ Please change my donation from $_____ to $_____.

Please reallocate money to support the following HNVF programs:
☐ Education/Health
☐ Senior Services/Health
☐ Anti-Smoking/Tobacco-Free Community

☐ Please stop my donation to the HNVF.

Thank you for contributing to the Healthy Neighborhoods Venture Fund.